

03-15-01

03/14/01
J1057 U.S. PTOPlease type a plus sign (+) inside this box → ☐

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 033808-027 8720 (Client Ref. No. PH-1144US)

First Inventor Takuro TAMURA, Noriyuki YAMAMOTO,
Nobuaki SUZUKI and Katsuya MIZUNOTitle METHOD FOR DISPLAYING RESULTS OF
HYBRIDIZATION EXPERIMENT

Express Mail Label No. EL841307185US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1 ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- 2 ☐ Applicant claims small entity status.
See 37 CFR 1.27.
- 3 ☒ Specification [Total Pages 23]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
- 4 ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages 5]
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s)) 2 pgs
10. ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information.

Examiner _____

Group / Art Unit:

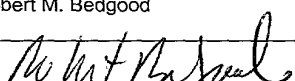
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

03-3975

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

| | | | | | |
|---------|------------------------------|-----------|--------------|----------|----------------|
| Name | Robert M. Bedgood | | | | |
| Address | 50 Fremont Street, 5th Floor | | | | |
| City | San Francisco | State | CA | Zip Code | 94105-2230 |
| Country | USA | Telephone | 858-509-4065 | Fax | (415) 983-1200 |

| | | | |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Robert M. Bedgood | Registration No. (Attorney/Agent) | 43,488 |
| Signature |  | Date | March 13, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and
Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant
Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

633808/027 8720

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|----------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 7 minus 20 = * | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 1 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 270 | | |

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | FEE |
|--------------|--------|
| | \$ 710 |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | 270 |
| TOTAL | 980 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR

ADDIT. FEE

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR

ADDIT. FEE

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total (37 CFR 1.16(c)) | * | Minus ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |
| ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.